

Changing Lives Through Research



Registry staff (back row, left to right) Vincent Armenti, MD, PhD, Dawn Armenti and Lisa Coscia and President and CEO of the Gift of Life Donor Program, Howard Nathan (far right), with children of transplant recipients.

National Transplantation Pregnancy Registry Celebrates 20th Anniversary

This year marks the 20th anniversary of the National Transplantation Pregnancy Registry (NTPR). Established at Jefferson, this unique registry is a voluntary study, in which transplant recipients (both men and women) report their experiences with conception, pregnancy, childbirth, and the health of the recipient. The NTPR was founded by Principal Investigator Vincent Armenti, MD, PhD, a Jefferson alumnus and former transplant fellow with a dual faculty appointment as Professor in the Department of Surgery (Transplantation Division) and the Department of Pathology, Anatomy, and Cell Biology.

Dr. Armenti's interest was sparked two decades ago when a transplant recipient told him she had terminated a pregnancy after transplant. "I realized then that if our goal after transplant was to restore recipients to health as fully as possible, we needed reliable data to provide better counseling," he says.

Transplants and pregnancy may sound like a dangerous combination for the mother as well as the fetus or newborn. But in the past 20 years the Registry has collected data on 1,940 pregnancies

in 1,185 female transplant recipients and 1,224 pregnancies fathered by 811 male transplant recipients. "These data have helped to establish patterns of risk factors and inform us of the impact that certain anti-rejection drugs are having on pregnancies," he says.

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Dr. Armenti and his staff, which includes research coordinators Faith R. Carlin, Lisa A. Coscia, RN, BSN, CCTC, and Carolyn H. McGrory, MS, RN, and data coordinator Dawn Armenti, analyze a number of variables to identify risks factors of pregnancy, which vary according to what kind of organ has been transplanted. "After a kidney transplant, recipients facing graft failure

Dr. Karen Chojnacki, Residency Program Director

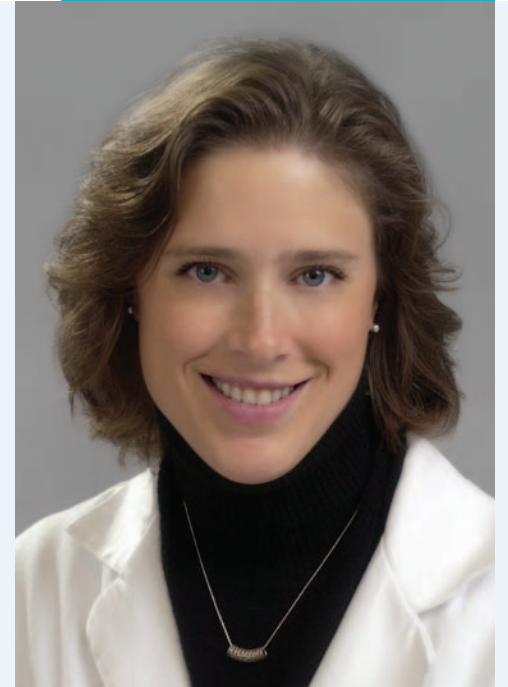
Karen Chojnacki, MD, FACS, who has directed the General Surgery Residency Program for the past three years, was a resident at Jefferson from 1995 to 2000 – and loved it. Following a fellowship in minimally invasive surgery at the University of Southern California and a brief stint in private practice, she returned to Jefferson in early 2002, jumping at the chance to capture her "dream job" and buoyed by memories of the institution's camaraderie and professionalism. "Whoever said 'You can't go home again' didn't have a home like Jefferson," she says. "I lead the program that helped make me the physician I am today, and now it's my turn to give back and help residents develop the careers they want."

During Dr. Chojnacki's tenure the program has undergone several changes. Prior to the start of the program, incoming interns must complete the web-based American College of Surgeons (ACS) Fundamentals of Surgery Curriculum™ which guides them through common surgical problems. A formal program in bedside procedure training was initiated to train all PGY-1 (first post-graduate year) residents in procedures including central line placement, bronchoscopy, suturing, and foley catheter placement, through lectures and virtual practice in the Laparoscopic and Simulation Training Laboratory. Upon completion

(loss of transplant function) can go back on dialysis, if necessary," Dr. Armenti explains. But for liver, heart, and lung recipients, he says, the consequences are more severe given that the only alternative therapy is retransplantation. High blood pressure and diabetes, which can develop during pregnancy, also pose threats for the pregnancy, in addition to rejection.

By collecting and analyzing information on all types of solid organ transplant recipients, the Registry can use these data to help provide guidelines for counseling. According to the NTPR, many transplant recipients are able to maintain pregnancy, with the majority resulting in a healthy live birth, and continue with stable transplant function. However, exposure to the immunosuppressive mycophenolic acid (MPA) products during pregnancy was associated with a pattern of structural birth defects, an observation reported to the FDA and responsible for the required "black box" warning about the drug.

On the Job



of this course, they must be supervised through and attain passing evaluations for a number of these procedures before performing them independently. The overall curriculum has changed to follow the SCORE (Surgical Council on Resident Education) curriculum, a competency-based standard national curriculum created by a task force of the ACS and the American Board of Surgery (ABS).

These changes are paying off. "We have one of the best residency programs in the region," said Dr. Chojnacki, "and since we emphasize research, over 90 percent of our residents secure the fellowships of their choice."

On May 7, 2011, the NTPR held a 20th anniversary celebration for 100 members of the Registry—transplant recipients and their families—in conjunction with the Gift of Life Donor Program here in Philadelphia. Nobel laureate Dr. Joseph Murray, 92, who performed the world's first kidney transplant in 1954, surprised the attendees by video conferencing into the event from Massachusetts, to address the group and answer questions—a real "full circle moment."

Dr. Armenti commented that the event was "a wonderful opportunity to bring all of these people together for the first time, to meet the children and talk about our plans to follow these children as they mature. The more data we can collect and measure, the greater difference we can make for future generations."

For more information about the NTPR, visit www.jefferson.edu/ntpr.